

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L18000021419

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2022 FEB 28 AM 10:15

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 F & I SENTINEL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

F & I SENTINEL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/25/2018 and assigned Florida document number L18000021419.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FISH MIDCO, LLC	300 S. DUVAL STREET, STE 410	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR /AMBR	STEPHEN K. MCDANIEL	P.O. BOX 1307	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR /AMBR	TIMOTHY J. MEENAN, JR.	P.O. BOX 1307	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR /AMBR	MATTHEW A. NOWELS	P.O. BOX 11247	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 25, 2022

Stephen K. McDaniel

Digitally signed by Stephen K. McDaniel
DN: cn=Stephen K. McDaniel, o=FBI Sentinel, LLC, ou=Member
Manager, email=stephen@fandisentinel.com, c=US
Date: 2022.02.25 16:39:03 -0500

Signature of a member or authorized representative of a member

STEPHEN K. MCDANIEL, CEO OF FISH MIDCO, LLC, SOLE MEMBER

Typed or printed name of signee

Filing Fee: \$25.00